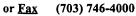


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450





INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

indicated unless corrected maintenance fee notification	below or directed otherwise	in Block I, by (a)	specifying a new c	orrespondence address	; and/or (b) indicating a sep	arate "FEE ADDRESS" for	•
	CE ADDRESS (Note: Use Block 1 for a 590 07/23/2004	ny change of address)	E \	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
ANTHONY ASQUITH  28-461 COLUMBIA STREET WEST WATERLOO, ON N2T 2P5 CANADA				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
		(F)	*0/			(Depositor's name)	] .
		TA TRA	DEMAR			(Signature)	1
						(Date)	
APPLICATION NO.	FILING DATE	F	IRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	1
10/043,284 01/14/2002			Horst Udo Petersen		630-24US		10043284
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APPLN, TYPE	SMALL ENTITY	ISSUE FE	E PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	]
nonprovisional	NO	\$1330		\$300	\$1630	10/25/2004	
EXAMINER		ART UNI	г с	LASS-SUBCLASS	ו		
COZART,	3726	1	029-523000	J			
CFR 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	ion (or "Fee Address" Indicati or more recent) attached. Use D RESIDENCE DATA TO BI is an assignee is identified be in 37 CFR 3.11. Completion of	orrespondence ion form of a Customer  E PRINTED ON TI low, no assignee d of this form is NOT	(1) the names of or agents OR, alte (2) the name of a registered attorne; 2 registered patern listed, no name with the PATENT (print at a will appear on a substitute for filin RESIDENCE: (CIT	single firm (having as a ror agent) and the nart attorneys or agents. If II be printed.  or type) the patent. If an assig g an assignment.  Y and STATE OR CO	a member a nes of up to f no name is 3		- - -
Please check the appropriate	e assignee category or categor	ries (will not be prin	nted on the patent);	🗖 individual 💢	corporation or other private g	roup entity	ıt _
Issue Fee Publication Fee (No small entity discount permitted)			b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
•	(from status indicated above MALL ENTITY status. See 3	) .			ITITY status. See, e.g., 37 CF		- -
NOTE: The Issue Fee and I	is requested to apply the Issu Publication Fee (if required) words of the United States Pate	vill not be accepted	from anyone other t				n _
(Authorized Signature)	<u> </u>	(Date)	28 Sent	ember 2004	ì	,	
an application. Confidential submitting the completed a this form and/or suggestion	on is required by 37 CFR 1.3 lity is governed by 35 U.S.C. pplication form to the USPT s for reducing this burden, sh ginia 22313-1450. DO NOT \$2.1450	122 and 37 CFR 1 O. Time will vary of ould be sent to the	is required to obtain 14. This collection depending upon the Chief Information (	n or retain a benefit by is estimated to take 12 individual case. Any c Officer, U.S. Patent and	the public which is to file (ar minutes to complete, includi comments on the amount of the Trademark Office, U.S. Der	ing gathering, preparing, and ime you require to complet partment of Commerce. P.C.	d e ).

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## **ANTHONY ASQUITH**

Commissioner of Patents, PO Box 1450 Alexandria, VA 22313-1450



23 September 2004

## **Patent Attorney**

PAYMENT OF ISSUE FEE

Serial Number: 10/043,284

Confirmation Number: 5432

Anthony Asquith Registered Patent Agent (Canada and USA) Chartered Patent Attorney(UK) European Patent Attorney Filing Date: 14 January 2002

Art Unit: 3726

Dear Sir.

Examiner: COZART, Jermie E. Inventor: PETERSEN, Horst Udo

Assignee: Bend All Automotive Incorporated

Title: SECUREMENT OF HEAD REST SUPPORT INTO AUTOMOBILE SEAT

FRAME

Date Due: 25 October 2004 Our File Ref: 630-24US

Office and Postal Address: We wish to pay the Publication / Issue Fee of \$1630.00 on the above patent application.

Anthony Asquith & Co Suite 28, 461 Columbia St West Waterloo, Ontario Canada N2T 2P5 We wish also to purchase 10 copies of the printed patent, at a cost of \$30.00.

Corrected formal drawings are enclosed.

Please charge the full amount of the fees to our deposit account, number 01-2555.

Submitted by,

Telephone:

Facsimile:

519 746 6732

Anthony Asquith (Regn # 32373) (Customer # 23716) Agent for the Applicant

Encl:

1. PTO 85b (in duplicate)

2. Drawings (15 sheets) + letr

519 888 6093

E-Mail:

aa@asquithco.com

in Fed by 8487 3210 8288